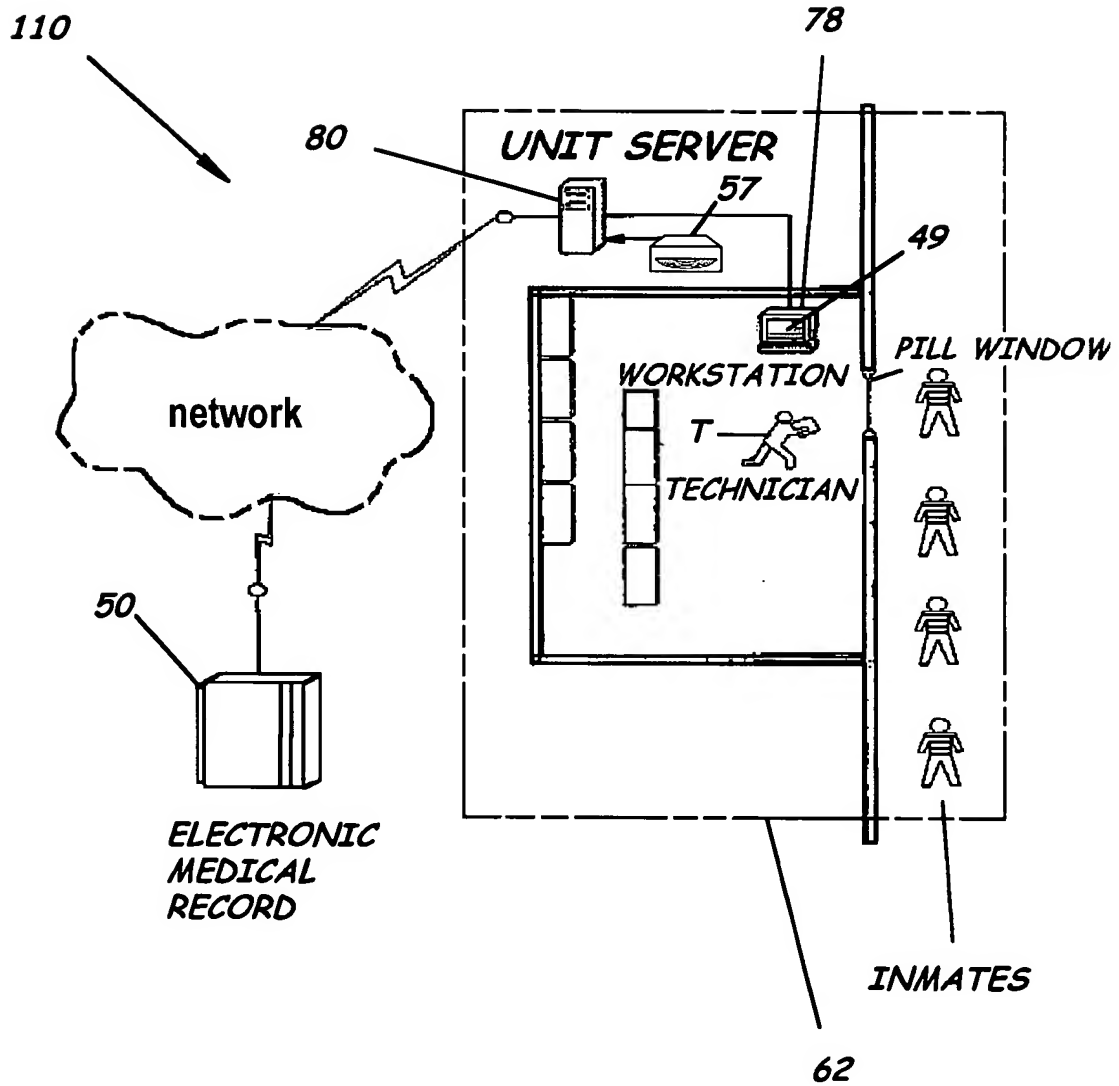
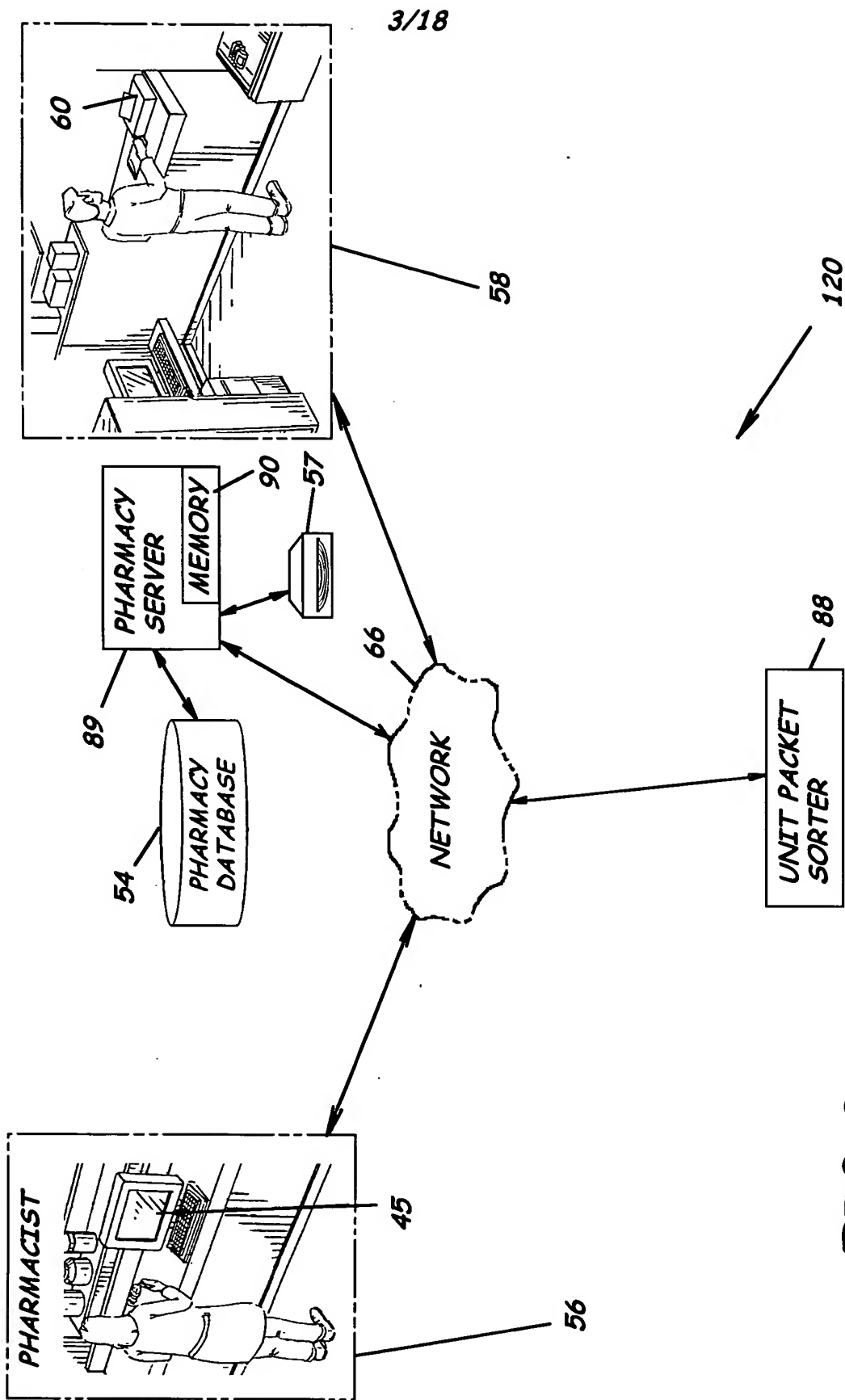


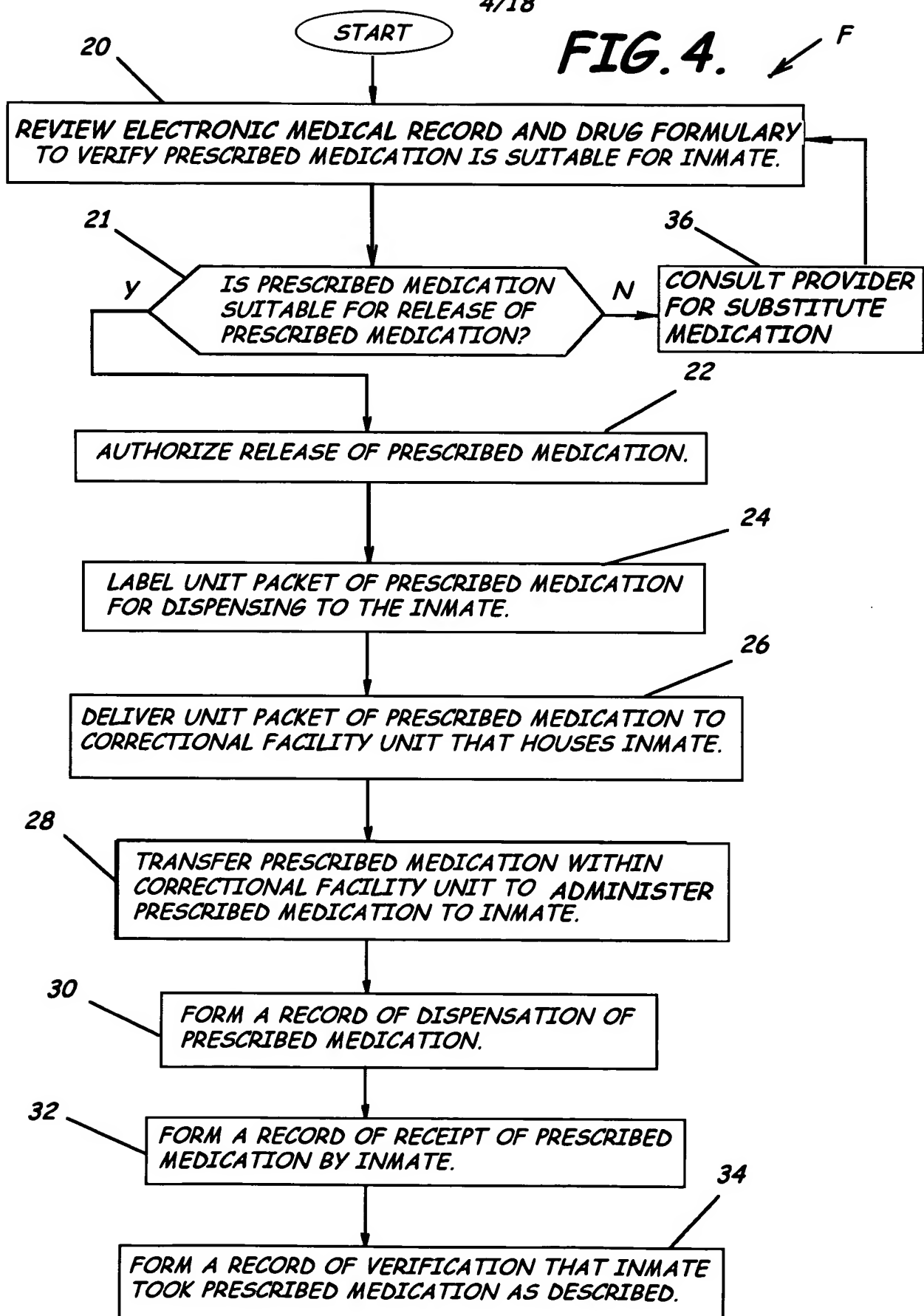
**FIG. 1.**



**FIG. 2.**



**FIG. 3.**

**FIG. 4.**

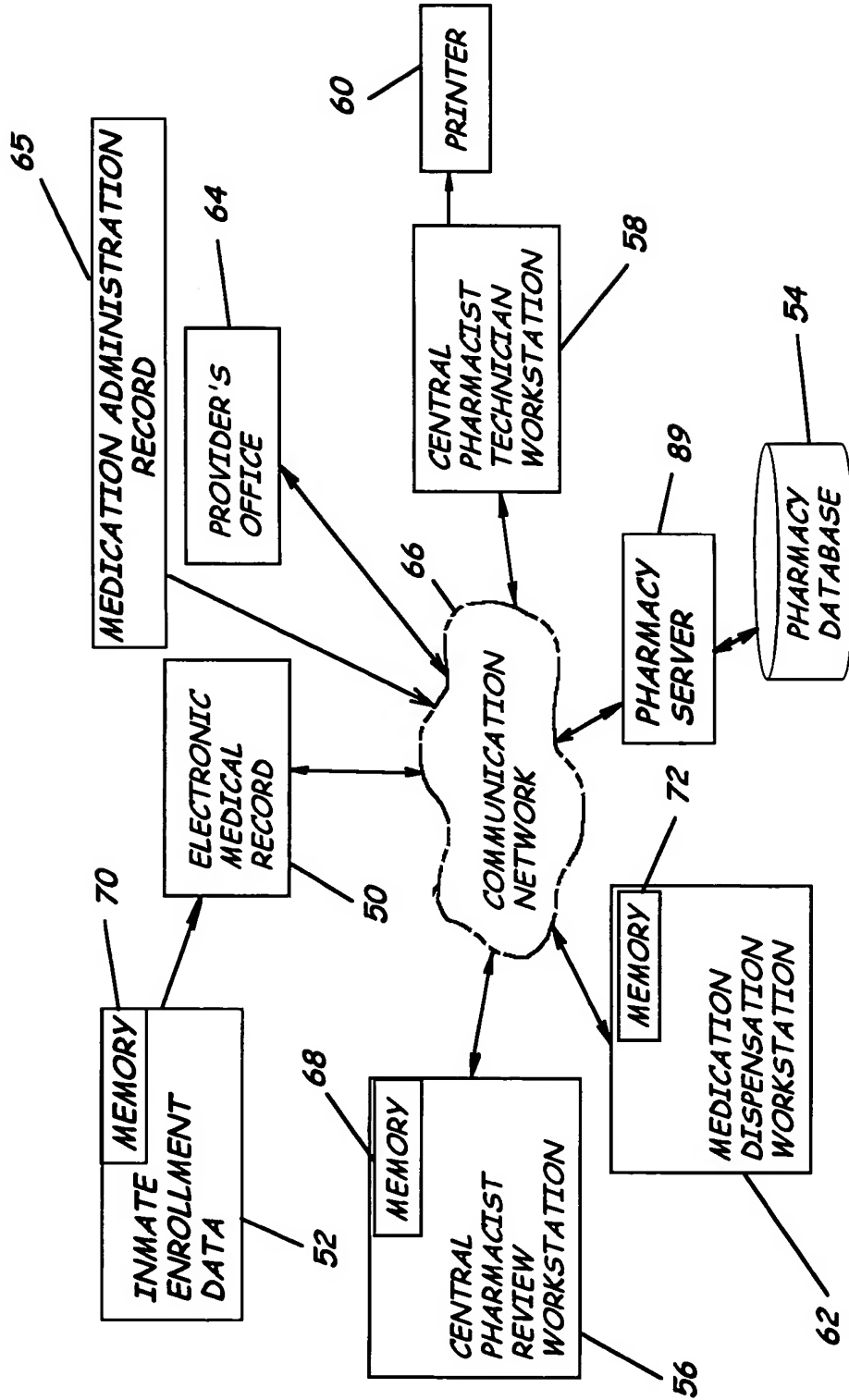


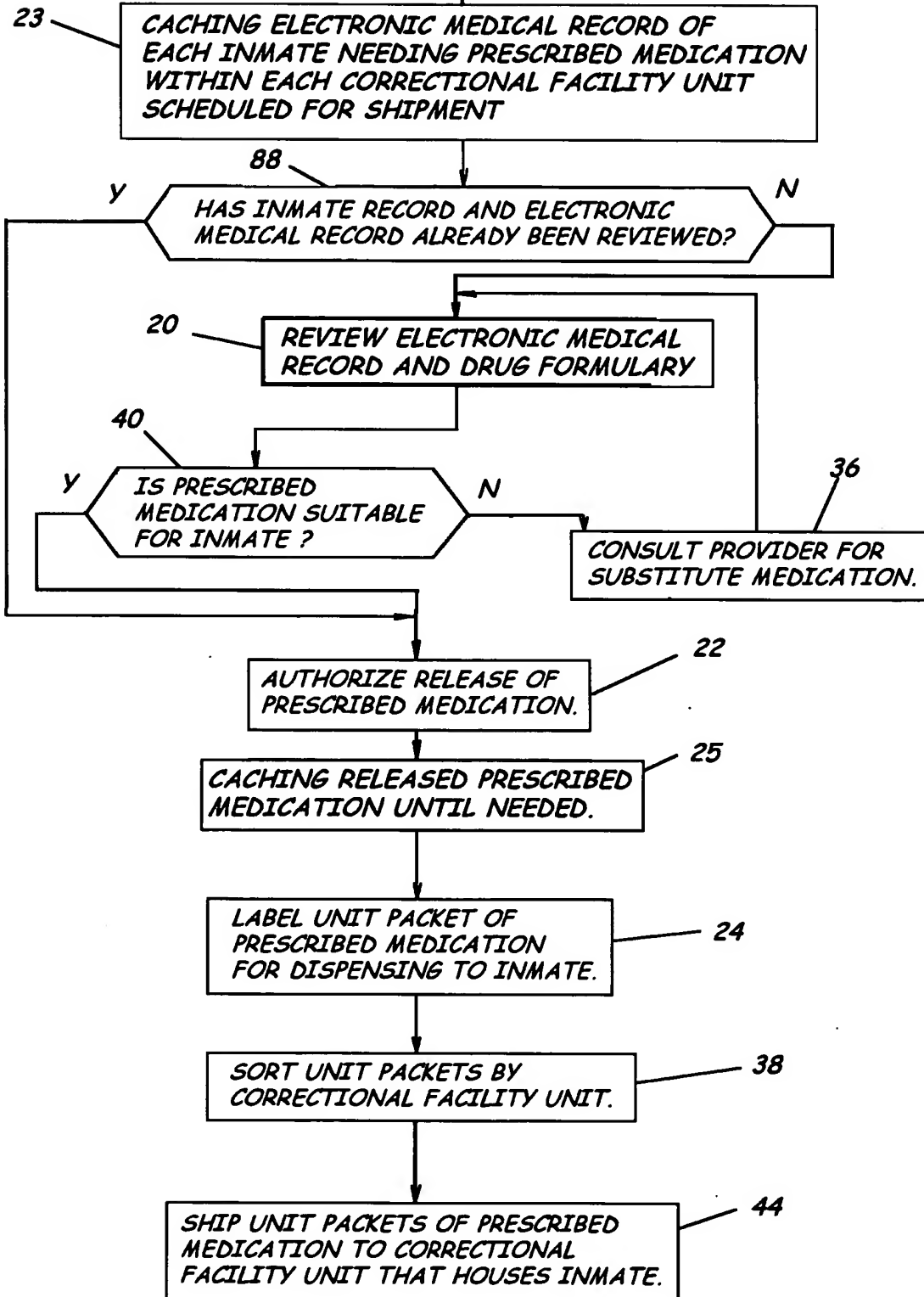
FIG. 5.

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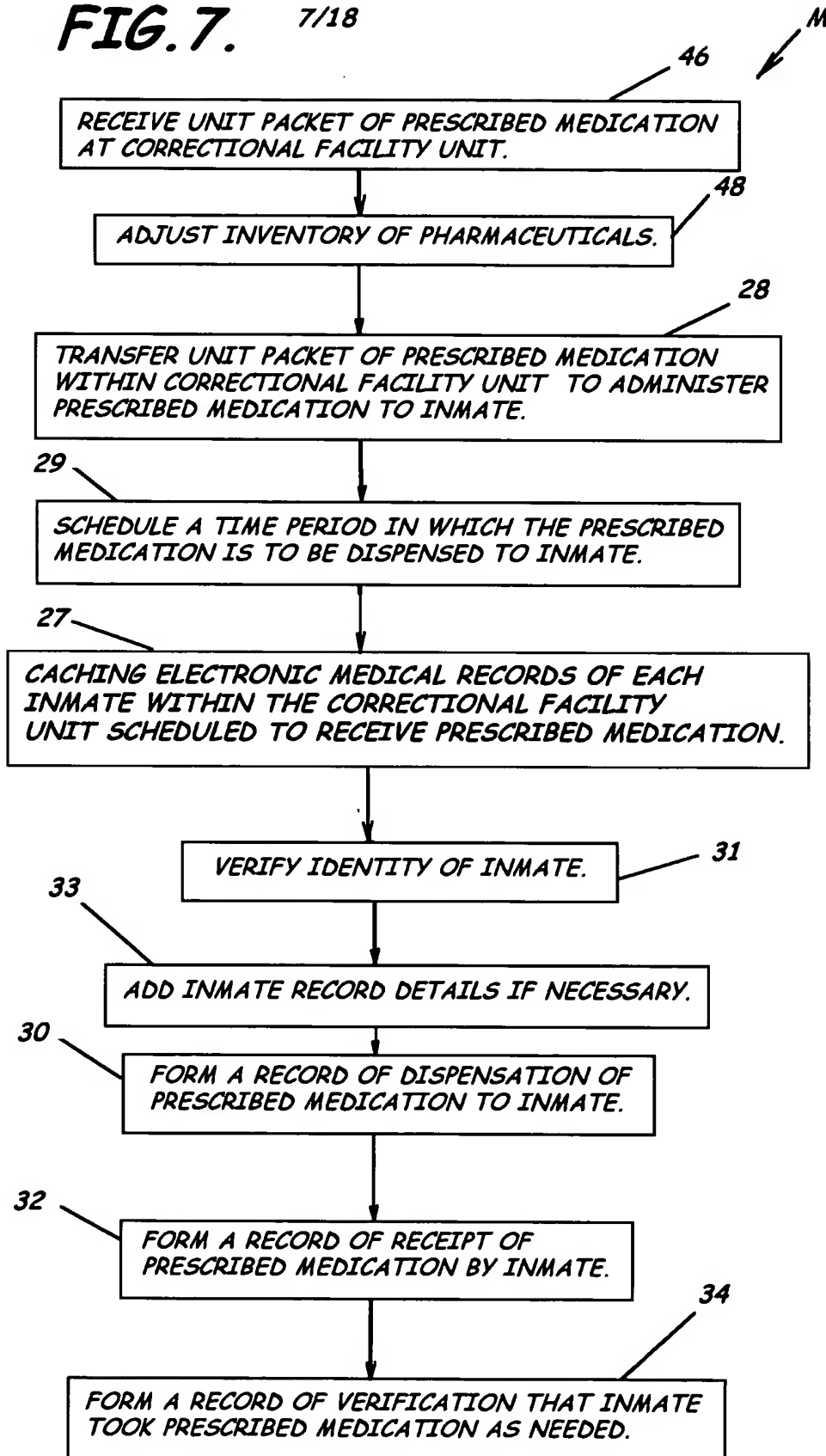
I

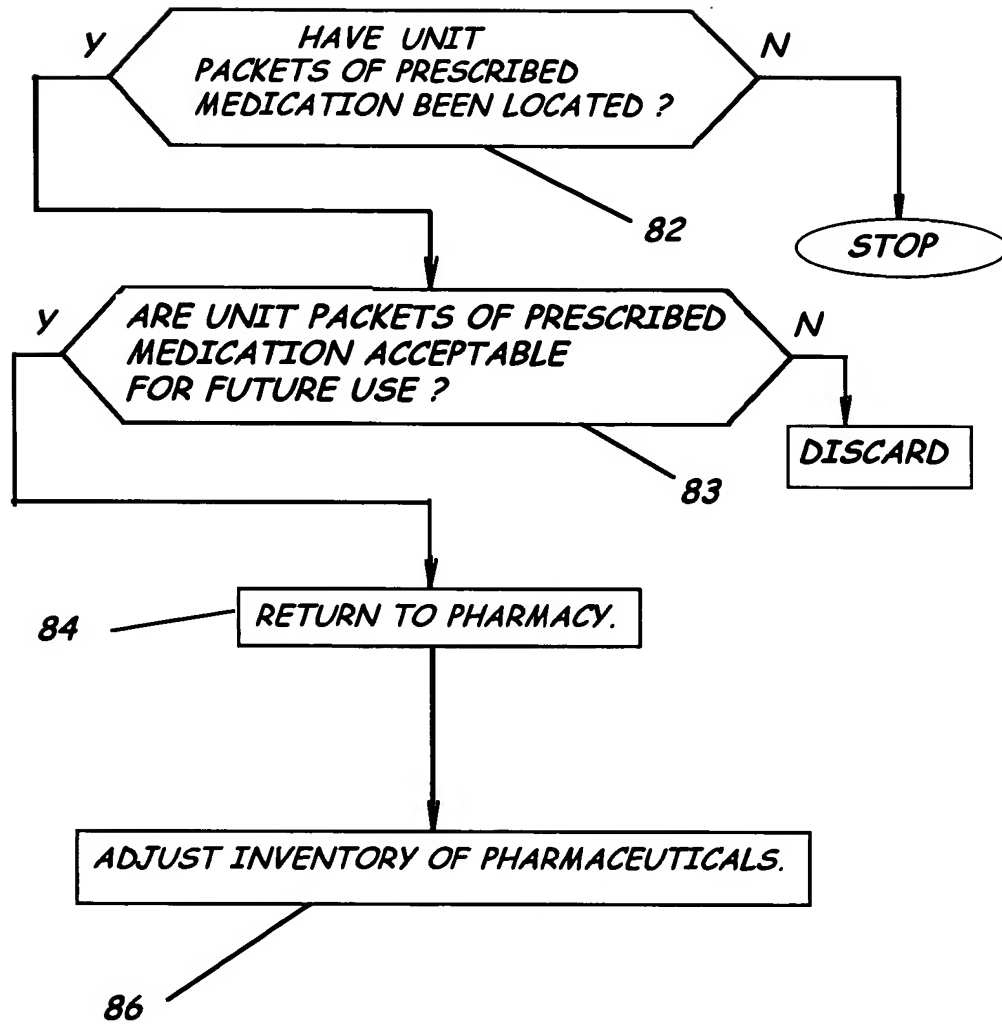
START

FIG. 6.



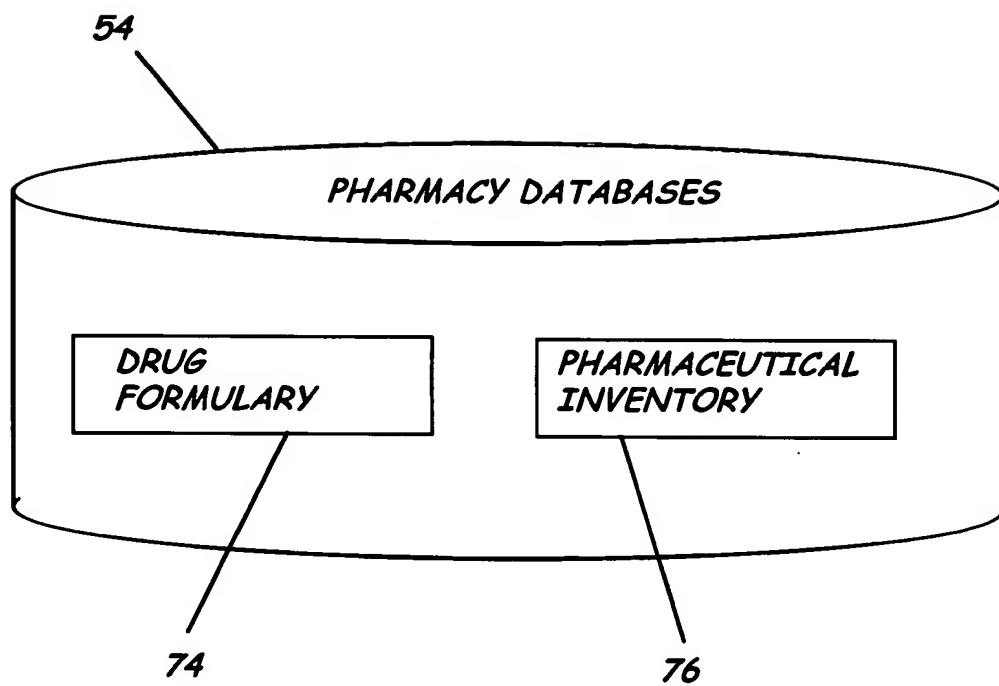
**FIG. 7.** 7/18





**FIG. 8.**





**FIG. 9.**

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Facility

Username: Doe, John      **Units To Wave Configuration**      1/24/2007 10:53

Group: TDCJ      Units: 739      CO - CENTRAL      Waves: 1

Wave 0 is the default wave.

	Unit ID	Unit Name	Facility Code	Wave	
Edit	BH	BRADSHAW	858	1	Delete
Edit	DB	BRISCO	860	1	Delete
Edit	DU	BYRD	861	1	Delete
Edit	CO	COFFIELD	865	1	Delete
Edit	CL	COLE	866	1	Delete
Edit	DA	DARRINGTON	871	1	Delete
Edit	DO	DOBOLL	873	1	Delete
Edit	BX	DOMINGUEZ	874	1	Delete
Edit	FE	FERGUSON	883	1	Delete
Edit	HT	HILLTOP	898	1	Delete
Edit	AH	HUGHES	901	1	Delete
Edit	HJ	HUTCHINS	904	1	Delete
Edit	J1	WESTER I	906	1	Delete

**FIG. 10.**

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Facility

Username: Doe, John      Prescription Order Entry      11/24/2007 1:21

Patient # 00000      Name MCCOOK, HICKS L

Entering For: Doe, John

Prescriptions:

Name	Dose Frequency	1st Dose Prior Date	
CAPITROL 2% SHAMPOO	1 AS DIRECTED		<a href="#">Edit</a> <a href="#">Delete</a>

<>

Allergies:      ☐ No Known Allergies

Description	
PENICILLINS	<a href="#">Delete</a>
PENTAMIDINE	<a href="#">Delete</a>
METRONIDAZOLE	<a href="#">Delete</a>
AMPRENAVIR/SULFONAMIDE	<a href="#">Delete</a>
MACON PREPARATIONS	<a href="#">Delete</a>
PENTAZOCINE	<a href="#">Delete</a>
BETALACTAMS	<a href="#">Delete</a>
INFLUENZA VIRUS VACCINES	<a href="#">Delete</a>
MACROIDES	<a href="#">Delete</a>
SWEETENERS	<a href="#">Delete</a>
COX-2 INHIBITORS/SULFONYL MOETTY	<a href="#">Delete</a>
SYNTHETIC ANALGESICS	<a href="#">Delete</a>
CARBAPEMEM	<a href="#">Delete</a>
LOOP DIURETICS	<a href="#">Delete</a>
PENICILLINS	<a href="#">Delete</a>

Build Date: 11/23/07  
Last Modified: 07/20/2005 10:57:04 AM

FIG. 11.

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**Add/Edit Prescription**

Drug Name:

Strength:  Refills:

Route:  Dose:

Normal Dose:  Frequency:  ☒ More

Rx Date:  Duration:

Rx Time:  Quantity:

Expires:  Start Date:

Prior Authorization:  # Days KOP:  ☐ PRN

Dispense Method:

Special Instructions:

☐ Email Provider

Version: 1.0.0.0  
Last Modified: 3/19/2003 4:26:20 PM

**FIG. 12.**

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Drug and Allergen Data			
DRUG DRUG INTERACTIONS		There are no drug interactions.	
DRUG ALLERGEN REACTIONS			
Drug Name	Allergen Name	Allergen Group	Probability
DEMADEX 10MG TABLET	LOOP DIURETICS	LOOP DIURETICS	1
DEMADEX 10MG TABLET	SWEETENERS	LOOP DIURETICS/SWEETENERS	2
M-M-R II VACCINE	INFLUENZA VIRUS VACCINES	VACCINE AND TOXOID PREPARATIONS, COMBINATIONS/INFLUENZA VIRUS VACCINES	2
DUPLICATE THERAPIES			
Drug 1 Name	Drug 2 Name	Therapeutic Class	
APAP 160MG/5ML ELIXIR	ACETAMINOPHEN 325MG TABLET	ANALGESIC/ANTIPYRETICS, NON-SALICYLATE	

FIG. 13.

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Username: Doe, John		<b>Medication Profile</b>		1/24/2007 8:44																																									
Patient ID #: 698808		Name: Doe, Jane																																											
Rx(s): 1. APAP 160MG/5ML ELIXIR 2. ACETAMINOPHEN 325MG TABLET 3. ACETAMINOPHEN 325MG TABLET 4. ACETAMINOPHEN 325MG TABLET 5. ACETAMINOPHEN 325MG TABLET 6. TETRACYCLINE 500MG CAPSULE 7. MYCOLOG II CREAM 8. MS CONTIN 30MG TABLET SA 9. DIAZIDE 50/25 CAPSULE 10. M-M-R II VACCINE 11. BABY SHAMPOO	Rx Properties:																																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Rx Date:</td> <td style="width: 50%;">3/18/2006</td> </tr> <tr> <td>Rx Time:</td> <td>11:33</td> </tr> <tr> <td>Start Date:</td> <td>3/18/2006</td> </tr> <tr> <td>Status:</td> <td>ACTIVE</td> </tr> <tr> <td>State Commodity Code:</td> <td>2708230055</td> </tr> <tr> <td>Drug Name:</td> <td>DEMADEX 10MG TABLET</td> </tr> <tr> <td>Drug Strength:</td> <td>10MG</td> </tr> <tr> <td>Drug Form:</td> <td>TABS</td> </tr> <tr> <td>Provider:</td> <td></td> </tr> <tr> <td>Route:</td> <td>ORAL(po)</td> </tr> <tr> <td>Dosing/Special Instructions:</td> <td>1 TABLETS ORAL(po) DAILY.</td> </tr> </table>		Rx Date:	3/18/2006	Rx Time:	11:33	Start Date:	3/18/2006	Status:	ACTIVE	State Commodity Code:	2708230055	Drug Name:	DEMADEX 10MG TABLET	Drug Strength:	10MG	Drug Form:	TABS	Provider:		Route:	ORAL(po)	Dosing/Special Instructions:	1 TABLETS ORAL(po) DAILY.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Last Taken Date:</td> <td style="width: 50%;">3/25/2006</td> </tr> <tr> <td>Last Taken Time:</td> <td>8:43</td> </tr> <tr> <td>Current Refill:</td> <td>0</td> </tr> <tr> <td>Refills:</td> <td>0</td> </tr> <tr> <td>Frequency:</td> <td>QD</td> </tr> <tr> <td>Last Dose #:</td> <td>2</td> </tr> <tr> <td>Total Doses:</td> <td>8</td> </tr> <tr> <td># Times as KOP:</td> <td>0</td> </tr> <tr> <td>Expires:</td> <td>5/2/2008</td> </tr> <tr> <td>Compliance Ratio:</td> <td>25.00%</td> </tr> </table>		Last Taken Date:	3/25/2006	Last Taken Time:	8:43	Current Refill:	0	Refills:	0	Frequency:	QD	Last Dose #:	2	Total Doses:	8	# Times as KOP:	0	Expires:	5/2/2008	Compliance Ratio:	25.00%
Rx Date:	3/18/2006																																												
Rx Time:	11:33																																												
Start Date:	3/18/2006																																												
Status:	ACTIVE																																												
State Commodity Code:	2708230055																																												
Drug Name:	DEMADEX 10MG TABLET																																												
Drug Strength:	10MG																																												
Drug Form:	TABS																																												
Provider:																																													
Route:	ORAL(po)																																												
Dosing/Special Instructions:	1 TABLETS ORAL(po) DAILY.																																												
Last Taken Date:	3/25/2006																																												
Last Taken Time:	8:43																																												
Current Refill:	0																																												
Refills:	0																																												
Frequency:	QD																																												
Last Dose #:	2																																												
Total Doses:	8																																												
# Times as KOP:	0																																												
Expires:	5/2/2008																																												
Compliance Ratio:	25.00%																																												

**FIG. 14.**

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Rx ID		Packs Sent	Packs Received	Patient	ID	SCORSE	Drug Name	Strength/Units	Quantity	Date Sent	Ordering Unit
	1482637	2	0	DOE, JANE	1068262	27030220209	ERYTHROMYCIN BASE	333MG TABS	0	3/24/2008 12:50:00 PM	LT - 871
	1482638	2	0	DOE, JANE	1068262	27030780459	ESTROGENS, CONJUGATED	2.5MG TABS	0	3/24/2008 12:50:00 PM	LT - 871
	1482639	2	0	DOE, JANE	1068262	27030780459	ESTROGENS, CONJUGATED	2.5MG TABS	0	3/24/2008 12:50:00 PM	LT - 871
	1482818	2	0	DOE, JANE	598808	27087130806	ZAFIRLUKAST	20MG TABS	0	3/24/2008 12:50:00 PM	DA - 871
	1482819	2	0	DOE, JANE	598808	27001260200	ACETAMINOPHEN	160MG/5ML BT	0	3/24/2008 12:50:00 PM	DA - 871
	1482820	2	0	DOE, JANE	598808	27001260200	ACETAMINOPHEN	160MG/5ML BT	0	3/24/2008 12:50:00 PM	DA - 871
	1482821	2	0	DOE, JANE	598808	27001260200	ACETAMINOPHEN	160MG/5ML BT	0	3/24/2008 12:50:00 PM	DA - 871
	1482822	2	0	DOE, JANE	598808	27006450806	AMOX TRIPOTASSIUM CLAVULANATE	250-125MG TABS	0	3/24/2008 12:50:00 PM	DA - 871
	1482823	2	0	DOE, JANE	598808	27001260200	ACETAMINOPHEN	160MG/5ML BT	0	3/24/2008 12:50:00 PM	DA - 871
	1482824	2	0	DOE, JANE	598808	27001260200	ACETAMINOPHEN	160MG/5ML BT	0	3/24/2008 12:50:00 PM	DA - 871
	1482825	2	0	DOE, JANE	598808	27001260200	ACETAMINOPHEN	160MG/5ML BT	0	3/24/2008 12:50:00 PM	DA - 871
	1482830	2	0	DOE, JANE	598808	27001260200	ACETAMINOPHEN	160MG/5ML CONTAINERS	0	3/24/2008 12:50:00 PM	DA - 871
	1482848	2	0	DOE, JANE	352569	27033480016	FLUOXETINE HCL	20MG CAPS	0	3/24/2008 12:50:00 PM	DA - 871

FIG. 15.

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HUSKINS, L.M. Pharmacy - Medication Compliance				
Patient Name: ACETA 160MG TAB CHEW				
Frequency: BID				
Medication: 11 160MG TAB CHEW 62 17.74%				
Compliance: 17.74%				
By Column				
Date/Time	Date/Time	Medication	Frequency	Status
1/8/2007 3:05:36 PM	1/8/2007 3:05:36 PM	129.162.105.151	12915	ACCEPTED
1/8/2007 2:36:14 PM	1/8/2007 2:36:14 PM	129.162.105.151	12915	REFUSED
1/8/2007 2:35:04 PM	1/8/2007 2:35:04 PM	129.162.105.151	12915	ACCEPTED
1/8/2007 2:33:48 PM	1/8/2007 2:33:48 PM	129.162.105.151	12915	ACCEPTED
1/7/2007 1:59:12 PM	1/7/2007 1:59:12 PM	129.162.105.151	12915	ACCEPTED
1/16/2007 9:50:29 AM	1/16/2007 9:50:29 AM	129.162.105.181	12915	ACCEPTED
1/15/2007 3:57:44 PM	1/15/2007 3:57:45 PM	10.1.2.105	11215	ACCEPTED
1/15/2007 3:46:07 PM	1/15/2007 3:46:07 PM	10.1.2.105	11215	ACCEPTED
1/15/2007 3:44:07 PM	1/15/2007 3:44:10 PM	10.1.2.105	11215	ACCEPTED
1/15/2007 3:09:56 PM	1/15/2007 3:09:56 PM	10.1.2.110	11215	ACCEPTED
1/15/2007 3:08:41 PM	1/15/2007 3:08:41 PM	10.1.2.110	11215	ACCEPTED
1/10/2007 9:36:01 AM	1/10/2007 9:36:01 AM	129.162.105.151	12915	ACCEPTED

FIG. 16.



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Username: Doe, John		<b>Administer Prescriptions</b>		1/24/2007 9:13	
Inmate #: 598808		Name: Doe, Jane		Location:	
Time Stamp: <input checked="" type="radio"/> Current <input type="radio"/> Custom MM/DD/YYYY hh:mm					
APAP 160MG/5ML ELIXIR		1/24/2007		1/24/2007 1/24/2007	
650 BOTTLE ORAL(po) THREE TIMES DAILY.					
Rx ID: 1462900		Last Taken: 1/24/2007		Start: 1/24/2007 Expires: 1/24/2007	
Route: ORAL(po)					
ACETAMINOPHEN 325MG TABLET					
2 TABLETS ORAL(po) Q3-4 HOURS.					
Rx ID: 1462901		Last Taken: 3/25/2006		Start: 3/24/2006 Expires: 6/10/2006	
Route: ORAL(po)					
ACETAMINOPHEN 325MG TABLET					
2 TABLETS ORAL(po) Q3-4 HOURS.					
Page 1 of 4					
Version: 1.0.0.0 Last Modified: 3/20/2003 8:01:14 AM					

FIG. 17.

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Facility Pharmacy-Reviewing Reading Rx(s)

Facility: **CLINICAL CENTER**  
 Username: **Uwamama**

Patient ID: **117200**    Dox: **Jane**    Allergies & Sensitivities: **Penicillin**

DOB: **11/17/1962**    Sex: **F**    Race: **W**    Height: **5'0"**    Weight: **110 lb**

Medication Profile

Medication	Strength	Dose	Frequency	Start Date	End Date	Status	Comments
AMARILAXES	100mg	1	PO	3/28/2006	4/2/2006	0%	
DRUG INTOLERANCE							
FOOD INTOLERANCE							
DRUG INTOLERANCE							
SEVERE							
AMARILAXES	100mg	1	PO	3/28/2006	4/2/2006	0%	

Medication Profile

Medication	Strength	Dose	Frequency	Start Date	End Date	Status	Comments
Pending Review	DOXEPIN 75MG CAPSULE	1	PO	3/28/2006	4/2/2006	0%	
Hold - (Praxin)	CHILDREN'S TYLENOL 160MG/5ML	950	CONTAINERS ORAL(PO) THREE TBM	3/28/2006	4/7/2006	0%	
Hold - (Praxin)	ACETAMINOPHEN 325MG TABLET	2	TABLETS ORAL(PO) Q3-4 HOURS	3/28/2006	4/2/2006	0%	
Hold - (Praxin)	ACETAMINOPHEN 325MG TABLET	1	CAPISULES ORAL(PO) TWICE DAILY	3/28/2006	4/2/2006	0%	
Hold - (Praxin)	ACETAMINOPHEN 325MG TABLET	1	TABLETS ORAL(PO) TWICE DAILY	3/28/2006	4/2/2006	0%	
Hold - (Praxin)	ACETAMINOPHEN 325MG TABLET	0	VIAL INHALATION AS DIRECTED	3/28/2006	4/2/2006	0%	
Hold - (Praxin)	ACETAMINOPHEN 325MG TABLET	1	TABLETS ORAL(PO) DAILY	3/28/2006	4/2/2006	0%	
Active	AMBIOLIN 1MG/ML AMPUL	0	AMPOULES INJECTION (IMSC.) AS DIRECTED	3/28/2006	4/2/2006	0%	
Active	AMBIOLIN 1MG/ML AMPUL	1	TUBES RECTAL TWICE DAILY	3/28/2006	4/2/2006	0%	
Active	ACTIDOSE 500MG LIQUID	50	BOTTLE ORAL(PO) AS DIRECTED	3/28/2006	4/2/2006	0%	
Active	ACTIDOSE 500MG LIQUID	1	TUBES TOPICALLY AS DIRECTED	3/28/2006	4/2/2006	0%	
Active	ACTIDOSE 500MG LIQUID	500	VIAL INTRAMUSCULAR(IM) AS DIRECTED	3/28/2006	4/2/2006	0%	
Active	ACTIDOSE 500MG LIQUID	0	VIAL INJECTION (IMSC.) AS DIRECTED	3/28/2006	4/2/2006	0%	

FIG. 18.